



**YOUTH COMMUNITY CORRECTIONS BUREAU
GREAT FALLS YOUTH TRANSITION CENTERS
STANDARD OPERATING PROCEDURES**

Procedure No.: YTC 120-7	Subject: USE OF PHARMECEUTICAL PRODUCTS
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Applicable ACA Standards: 3-JCRF-4C-08	Revision Date: 05/12/10
Signature: /s/ <i>Kenneth McGuire</i>	Effective Date: 01/01/10
Signature: /s/ <i>Steve Gibson</i>	

I. CENTERS DIRECTIVE:

State and federal regulations regarding dispensing, distributing, and administering of medications shall be followed. Medications shall be distributed or administered only by staff members trained in medication administration in accordance with physician's orders. Records of all medications distributed by facility staff shall be maintained and audited monthly.

II. DEFINITIONS:

Controlled Substance - Any medication requiring a written prescription listing the prescribing physician's or dentist's Drug Enforcement Administration registration number.

Administering Medication - Providing a single dose of medication to an individual patient by injection, inhalation, ingestion, or other means on the direction of a medical doctor or dentist.

Dispensing Medication - Issuance, based on a medical doctor's or dentist's prescription or standing order, of one or more single doses of medication by a registered pharmacist (or medical doctor or dentist acting for his or her own patient) in a suitable container, properly labeled in compliance with law, for subsequent administration.

Drug - A medication of any chemical compound or narcotic (listed in the United States Pharmacopoeia or National Formulary) that may be administered to humans as an aid in the diagnosis, treatment, or prevention of disease or other abnormal conditions; for the relief of pain or suffering; or to control or improve any physiologic or pathologic condition.

III. PROCEDURE:

A. Pharmacy Management

1. The facility director shall require that all drug dispensing procedures be approved by a qualified health authority and adhere to applicable state and federal laws and regulations.
2. Where prescriptions are generated by contract or consultant health providers, substitutions may be made in accordance with the community pharmacist's recommendations unless prohibited by the prescribing physician.

B. Prescription Practices

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All pharmaceuticals shall be prescribed in accordance with the Central Drug Formulary, which governs approved prescription and nonprescription medications. Facility staff shall do the following:

1. Discourage long-term use of minor tranquilizers and analgesics subject to abuse, unless clinically indicated.
2. Request “stop order” time periods for all behavior-modifying medications and other medications subject to abuse. A reevaluation shall be requested by the prescribing physician prior to the renewal of such prescriptions.
3. Request dispensing psychotropic medications only when clinically indicated. When necessary, the patient shall be referred to a mental health professional for an evaluation of the patient’s medication needs.
4. Ensure stimulants, tranquilizers, and psychotropic drugs requiring intramuscular administration are prescribed and administered only by authorized medical personnel for the purpose of therapeutic treatment.
5. Ensure that under no circumstances shall a stimulant, tranquilizer, or psychotropic drug be administered for purposes of experimentation or research.
6. Ensure all prescriptions are signed by a qualified health professional, licensed and authorized by the appropriate jurisdiction.

C. Medication Distribution or Administration

1. No medication is to be administered to a resident except under the following circumstances:
 - a. On an individual (case-by-case) basis.
 - b. By single dosage (exception: certain drugs that are allowed to be carried, e.g. Nitroglycerine, Cafegot, Ergostate, inhalants, eye and ear drops).
 - c. At prescribed time.
 - d. By designated staff that have been trained in medication administration.
 - e. As authorized by a medical doctor, nurse practitioner, physician’s assistant, or dentist.
2. The administration of all medications shall be recorded on a form approved by a medical authority and shall become a part of the resident’s case record. Each dose shall be documented with the date and time of administration and shall be signed or initialed by the administering staff member and the resident receiving it.
3. Should a resident refuse a prescribed medication, that resident shall be required to sign a Prescribed Medication Refusal Form [[YTC 120-7 \(D\)](#)]. If the resident

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refuses to sign the form, the form shall be witnessed by a staff person other than the one responsible for administering the medication.

4. Any medication for administration to the resident by facility staff is to be kept in a container identified with the resident's name, the time and date the medication is to be administered, all special instructions, the name of the medication, and the prescribing physician's name.
5. This information for individuals will be detailed on a medication sheet, updated immediately when medication changes.
6. When medication is to be provided to the youth, staff will proceed as follows:
 - a. The staff member will identify the medication to be dispensed from the medication sheet
 - b. The staff member will locate the medication in either a blister pack or from prescription bottle.
 - c. The staff member will place the dose in a container that has been marked with the youth's full first and last name, No abbreviations of names will be used.
 - d. The staff member preparing the dose will also provide the dose to the youth for consumption. Under no circumstances will medications be prepared in advance and provided to the youth by another staff member.
 - e. After the youth takes the dose of medication(s), the youth will drink water. The staff person dispensing medication is responsible for having the youth open their mouth for inspection to help prevent cheeking of medications.
 - f. Residents have the right, in fact are encouraged, to ask questions about their medications, especially if they suspect something is not right.

D. Security and Storage of Controlled Substances

1. Controlled substances, except for narcotics, methadone, and insulin, shall be stored by staff in locked containers that are securely fastened to major structures.
2. All narcotics (methadone and insulin) shall be stored in a safe location in an area inaccessible to residents or unauthorized staff. Access shall be limited to staff members as authorized by the facility director.
3. Insulin, prefilled insulin syringes, and other medications requiring refrigeration shall be stored by staff in a locked refrigerator.
4. Needles, syringes, and over-the-counter drugs shall be stored in locked metal containers.

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5. Over-the-counter medications shall be stored in limited supply areas authorized by the facility director.
6. All controlled dangerous substance stock on hand shall be verified at least once a year by a physical inventory by the facility director or designee for security and record-keeping. Working stock shall be verified at least monthly. Any theft or unexplained loss of a controlled dangerous substance shall be reported immediately to local law enforcement or the state Department of Public Health and Human Services and Youth Community Corrections Bureau Chief as well as the facility director.

E. Inventory

Complete records of controlled substances and related equipment shall be maintained by staff as follows:

1. Narcotics, prescription drugs, needles, and syringes shall be inventoried daily by designated staff.
2. A report of inventory shall be submitted to the facility director.
3. All prescription drugs, needles, and syringes shall be recorded in the medication log, which will serve as a perpetual inventory.
4. At least monthly, the facility director or designee shall review the medication logs citing medication received and used.
5. All inventories and reviews of inventory shall be documented in writing in the medication log with the staff member's signature and date.

F. Destruction of unused medications

1. When medications are no longer needed or are discontinued by a medical provider the following actions will be taken.
 - a. When medications are discontinued by a medical provider or are no longer needed, the staff member receiving the instructions from the provider will highlight the discontinued medication on the youth's daily medication administration log [[YTC 120-7 \(A\)](#)]. The staff member will indicate "discontinued" on the highlighted portion and place the instructions with the youth's medication.
 - b. The night staff will identify the discontinued medication on the youth's daily medication administration log [[YTC 120-7 \(A\)](#)] and review the medical provider's instructions.

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- c. The night staff will complete a medication disposal form [[YTC 120-7 \(E\)](#)] and two staff members will inventory and then dispose of the medications by placing the capsules or tablets in a small amount of water until dissolved.
- d. The water containing the dissolved medications will then be poured into a container of cat litter and disposed of in the garbage.

IV. CLOSING:

Questions concerning this procedure shall be addressed to the Youth Transition Centers Director.

V. REFERENCES:

None

VI. ATTACHMENTS:

[YTC 120-7 \(A\) Medication Administration Log](#)
[YTC 120-7 \(B\) Medication Count](#)
[YTC 120-7 \(C\) Medical Information List](#)
[YTC 120-7 \(D\) Prescribed Medication Refusal Form](#)
[YTC 120-7 \(E\) Medication Disposal Form](#)
[YTC 120-7 \(F\) Master Medication Log](#)